

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Fresenius Medical Care North America PAC

ADDRESS (number and street)

801 Pennsylvania Avenue, NW

Suite 255

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00401299

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

01

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kathleen Smith

Signature of Treasurer

Electronically Filed by Kathleen Smith

Date

02

10

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
Fresenius Medical Care North America PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	8003.27
(b) Cash on Hand at Beginning of Reporting Period .....	8003.27	
(c) Total Receipts (from Line 19) .....	8964.07	8964.07
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	16967.34	16967.34
7. Total Disbursements (from Line 31) .....	13611.63	13611.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3355.71	3355.71
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	7013.07	7013.07
(ii) Unitemized .....	1951.00	1951.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8964.07	8964.07
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	8964.07	8964.07
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	8964.07	8964.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8964.07	8964.07

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	111.63	111.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	111.63	111.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13611.63	13611.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13611.63	13611.63

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	8964.07	8964.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8964.07	8964.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	111.63	111.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	111.63	111.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Nicholas Brownlee

Mailing Address 12 Deer Grass Ln

City

Acton

State

MA

Zip Code

01720-4755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

President SRM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.93

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 10210.C2790

Amount of Each Receipt this Period

576.93

Receipt

Payroll Deduction: (576.9-  
3/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Claire Callahan

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

SVP Human Resources & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 10210.C2781

Amount of Each Receipt this Period

330.00

Receipt

Payroll Deduction: (330.0-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Douglas G. Kott

Mailing Address 211 Claybook Rd.

City

Dover

State

MA

Zip Code

02030-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 10210.C2784

Amount of Each Receipt this Period

384.62

Receipt

Payroll Deduction: (384.6-  
2/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

1291.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Donna McCarthy

Mailing Address 34 Warren St

City

Wellfleet

State

MA

Zip Code

02667-8527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

West Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 10210.C2774

Amount of Each Receipt this Period

230.76

Receipt

Payroll Deduction: (230.7-  
6/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Robert McGorty

Mailing Address 2 Walter Circle

City

Westford

State

MA

Zip Code

01886-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

VP Finance & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: 10210.C2806

Amount of Each Receipt this Period

230.76

Receipt

Payroll Deduction: (230.7-  
6/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

William Numbers

Mailing Address 456 Fiske Street

City

Holliston

State

MA

Zip Code

01746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 1

Transaction ID: 10210.C2773

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5461.52

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Kim Sonnen

Mailing Address 240 S Madison St

City

Denver

State

CO

Zip Code

80209-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation

SVP Marketing &amp; Managed Care

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: 10210.C2813

Amount of Each Receipt this Period

260.00

Receipt

Payroll Deduction: (260.0-  
0/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

260.00

TOTAL This Period (last page this line number only) .....

7013.07



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

GLACIER PAC

Mailing Address c/o Elizabeth Kelley  
7036 N Wall Ave

City Portland State OR Zip Code 97203-5152

Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
GLACIER PACCategory/  
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2011
	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼	
State:	District:	annual/other	

Transaction ID: 10210.E239

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Amount of Each Disbursement this Period

5000.00

DIRECT CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

Nelson 2012

Mailing Address 420 C Street NE

City Washington State DC Zip Code 20002-5818

Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
E BENJAMIN NELSONCategory/  
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2012
	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: NE	District: 00		

Transaction ID: 10210.E238

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

Snowe for Senate

Mailing Address PO Box 2012

City Portland State ME Zip Code 04104-

Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
OLYMPIA J SNOWECategory/  
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2012
	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: ME	District: 00		

Transaction ID: 10210.E240

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	1

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

**A.**

Full Name (Last, First, Middle Initial)

Stabenow for U.S. Senate

Mailing Address PO Box 4945

City  
East Lansing

State  
MI

Zip Code  
48826-5839

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
DEBBIE STABENOW

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 00

**Transaction ID:** 10210.E236

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

DIRECT CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

Stabenow for U.S. Senate

Mailing Address PO Box 4945

City  
East Lansing

State  
MI

Zip Code  
48826-5839

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
DEBBIE STABENOW

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 00

**Transaction ID:** 10210.E237

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

DIRECT CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

13500.00